

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/810,070
	Filing Date	March 25, 2004
	First Named Inventor	Sudhanshu MISRA
	Art Unit	3723
	Examiner Name	M. Rachuba
	Attorney Docket Number	577182000100

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☒ the practitioners of record associated with Customer Number: 25226

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) | Please explain below: |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment after receiving client's instructions to stop working on the client's matters.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled or have otherwise complied with client's instructions regarding the papers and property.
- ☒ I/We have notified the client of any responses which may be due within the six-month period commencing from the date of our communication of same with the client.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The client has informed the practitioners that the practitioners are not to prosecute or otherwise handle this matter any longer, that the client will prosecute or otherwise handle this matter, and that practitioner is not to transfer any paper copies of files to the assignee/client. Electronic copies of documents have been transferred in response to client's requests.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☒ The address of the inventor or assignee associated with Customer Number: 85086

OR

B. ☐ Inventor or
Assignee Name

Address

City	State	Zip	Country
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	
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Name	Charles D. Holland	Registration No.	35,196
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Address	Morrison & Foerster LLP 755 Page Mill Road
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City	Palo Alto	State	CA	Zip	94304-1018	Country	US
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Date	May 27, 2009	Telephone No.	(650) 813-5832
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NOTE: Withdrawal is effective when approved rather than when received.